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PRIME CLERK

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK



In re:

PURDUE PHARMA L.P., et al.,

Debtors.

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

☐ Date Stamped Copy Returned
☐ No Self-Addressed Stamped Envelope
☒ No Copy Provided

**Personal Injury Claimant Proof of Claim Form
(Including Parents and Guardians)**

You may file your claim electronically at PurduePharmaClaims.com via the link entitled "Submit a Claim."

For questions regarding this Proof of Claim Form, please call Prime Clerk at (844) 217-0912 or visit PurduePharmaClaims.com.

Read the instructions at the end of this document before filling out this form. This form is for individuals to assert an unsecured claim against the Debtors seeking damages based on actual or potential future personal injury to the claimant or another (for example, deceased, incapacitated, or minor family member) related to the taking of a Purdue Opioid and/or the taking of another opioid for which You believe Purdue is responsible for Your damages.

Do not use this form to assert only a non-personal injury claim against the Debtors based on or involving opioids or their production, marketing and sale, including without limitation, the Debtors' production, marketing and sale of Purdue Opioids. File such claims on a General Opioid Claimant Proof of Claim Form. However, if You have a claim against the Debtors based on or involving the production, marketing and sale of opioids, in addition to Your claim based on personal injury, You may include information related to that claim on the Personal Injury Claimant Proof of Claim Form by completing Part 5 of this form.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-opioid related claims should be filed on a Non-Opioid Claimant Proof of Claim Form (Form 410).

Creditor (also referred to as "You" throughout) shall provide information responsive to the questions set forth below. Creditors may include parents, foster parents, and guardians submitting claims on behalf of minors with Neonatal Abstinence Syndrome ("NAS"). Instructions and definitions are provided at the end of this document. You shall provide information reasonably available to You and are not excused from providing the requested information for failure to appropriately investigate Your claim. You shall supplement Your responses if You learn that they are incomplete or incorrect in any material respect.

Personal Injury Claimant Proof of Claim Forms and any supporting documentation submitted with the form shall remain highly confidential and shall not be made available to the public. For the avoidance of doubt, all pages of the Personal Injury Claimant Proof of Claim Form and supporting documentation shall be treated as highly confidential and made available only to Prime Clerk, the Court and to those that agree to be bound by the Protective Order.

Fill in all the information about the claim as of September 15, 2019, the Petition Date. You may also fill in information regarding any claims You believe You may have after September 15, 2019 on this form. This form should be completed to the best of Your ability with the information available to You. If You are unable to answer certain questions at this time, the absence of an answer, by itself, will not result in the denial of Your claim, though You may be asked or required to provide additional information at a later date. You may also amend or supplement Your claim after it is filed.

Please note that supporting documentation is requested in certain portions of the form. Please provide the requested information to the best of Your ability. At Your discretion, You may also provide additional information to supplement Your claim in any manner available to You.

Do not send original documents, as they will not be returned, and they may be destroyed after scanning.

Part 1: Identify the Claim

1. Who is the creditor?

MARCIA HELMS

Name of the individual to be paid for this claim. If the creditor is a minor (under 18), please provide only the minor's initials.

Other names the creditor used with the debtor, including maiden or other names used:

MARCIA ADAMS, MARCIA WILHIDE-HELMS

If Your claim is based on personal injury to another (for example, a deceased, incapacitated, or minor family member), please provide the name of that other person (that is, the injured person). If the injured person is a minor (under 18), please provide only the minor's initials:

If You are submitting a claim on behalf of another person, please provide Your name and relationship to that person:

If you are submitting a claim on behalf of a minor, are You the Legal Guardian?

☐ No

☐ Yes

2. What is the year of birth, gender, and last 4 digits of the social security number of the creditor (or injured person, if the claim is based on the personal injury of another)?	Year of Birth: <u>1968</u> Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Last 4 Digits of Social Security Number (if available): XXX-XX- <u>1014</u>		
3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	<table border="0" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Where should notices to the creditor be sent? <u>MARCIA HELMS</u> Name <u>159 SOUTHDOWN RD</u> Number Street <u>EDGEWATER, MD 21037</u> City State ZIP Code Contact phone <u>443-603-5168</u> Contact email <u>marcia.lee1968@gmail.com</u></td><td style="width: 50%; vertical-align: top;">Where should payments to the creditor be sent? (if different) <u>MARCIA HELMS</u> Name <u>159 SOUTHDOWN RD</u> Number Street <u>EDGEWATER, MD 21037</u> City State ZIP Code Contact phone <u>443-603-5168</u> Contact email _____</td></tr></table>	Where should notices to the creditor be sent? <u>MARCIA HELMS</u> Name <u>159 SOUTHDOWN RD</u> Number Street <u>EDGEWATER, MD 21037</u> City State ZIP Code Contact phone <u>443-603-5168</u> Contact email <u>marcia.lee1968@gmail.com</u>	Where should payments to the creditor be sent? (if different) <u>MARCIA HELMS</u> Name <u>159 SOUTHDOWN RD</u> Number Street <u>EDGEWATER, MD 21037</u> City State ZIP Code Contact phone <u>443-603-5168</u> Contact email _____
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4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Attorney Information (Optional)

6. Are You represented by an attorney in this matter? You do not need an attorney to file this form.	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, please provide the following information: _____ Law Firm Name _____ Attorney Name _____ Address _____ City State ZIP Code Contact phone _____ Contact email _____
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Part 3: Information as of September 15, 2019, the Petition Date, About Your Claim

7. How much is the claim?	\$ _____ or <input type="checkbox"/> Unknown.
8. Select all that apply to You.	<input checked="" type="checkbox"/> Creditor has been injured by use of an opioid. <input type="checkbox"/> Although Creditor is not currently aware of any injury, Creditor wants to file now to keep the ability to seek payment if Creditor has a future injury or harm due to use of an opioid. <input type="checkbox"/> Creditor has a claim arising out of another person's use of an opioid. <i>Please answer all questions in Part 4 as if that person (the injured person) is filling out the form.</i> <input type="checkbox"/> Creditor is submitting a claim on behalf of a minor with NAS. <i>Please answer all questions in Part 4 as if the birth mother of the minor is filling out the form (to the extent such information is available to You).</i>

9. Briefly describe the type of injury alleged from Your use or another person's use of an opioid. Select all that apply.

Attach additional sheets if necessary.

- ☐ Death
- ☐ Overdose
- ☒ Addiction/Dependence/Substance Use Disorder
- ☒ Lost Wages/Earning Capacity
- ☒ Loss of Consortium
- ☐ NAS-related
 - ☐ Learning Disability
 - ☐ Spina Bifida
 - ☐ Developmental Disability
 - ☐ Heart Defects
 - ☐ Congenital Defects or Malformations

☒ Expenses for Treatment

☒ Other (describe): MEDICAL AND COSTS OF OPIOIDS
"ACTUAL MEDICATION" FROM 7/23/07
- 9/15/19, LOSS OF BUSINESS AND PROPERTY

10. Describe the basis for Your claim, including all alleged causes of action, sources of damages, etc., You are asserting against the Debtors.

Attach additional sheets if necessary.

ON 7/23/07 I VISITED THE ER FOR EXTREME PAIN IN
MY ABDOMEN. I WAS GIVEN 20 PILLS OF DILAUDID
WHICH I NOW KNOW IS THE STRONGEST RX YOU CAN
USE. I WAS TO FOLLOW UP IN 5 DAYS WITH DR.
THAM. THEY TREATED ME WITH MASSIVE AMOUNTS
OF OPIOIDS. I HAD NEVER HAD THEM. AFTER
1 YEAR OF MONTHLY VISITS THEY HAD ME ON 30 MG
OF OXYCODONE AND FENTANYL PATCHES. I BECAME
SO ADDICTED DESPITE TRYING DETOX I CAN NOT
STOP TAKING THEM AS THEY HAVE DESTROYED
MY ABILITY TO REGULATE PAIN. I CAN NO LONGER
USE MY COGNITIVE ABILITY AND I
LOST EVERYTHING I OWNED. 10/1-9/19 13 years

SEE EXTRA PAGES

11. Please identify and quantify each category of damages or monetary relief that You allege, including all injunctive relief that You seek. Check as many boxes as are applicable.

☒ Compensatory: \$ 9,632,200 million or ☐ Unknown

(for example, lost wages, pain and suffering, expenses not reimbursed, loss of consortium, etc.)

☒ Punitive: \$ 25,000,000 million or ☐ Unknown

☒ Other (describe):

TO DONATE TO THE
ORPHANS WHO HAD NO ONE LEFT TO HELP THEM
TO REBUILD MYSELF AND CREATE
A PURPOSEFUL LIFE AND FUTURE \$3500

\$2,600,000 lost wages
1,800,000 lost business/homes
182,000 medical
5,000,000 pain & suffer
30,000 loss of consort.

(two thousand five hundred)

12. Have You ever filed a lawsuit against any of the Debtors at any time?

☒ No

☐ Yes. If yes, please provide the following information and attach supporting documentation:

Case Caption: _____

Court and Case/Docket Number: _____

Attorney Information:

Law Firm Name _____

Attorney Name _____

Address _____

City _____ State _____ ZIP Code _____

Contact phone _____ Contact email _____

Part 4:

Information About Opioid Use

If You have a claim arising out of another person's use of an opioid, please answer these questions as if the injured person is filling out the form. If You are submitting a claim on behalf of a minor with NAS, please answer these questions as if the birth mother of the minor is filling out the form (to the extent such information is available to You).

13. Were You prescribed or administered a Purdue brand name opioid by a healthcare professional?

☐ Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).

☐ No.

☒ Yes. If yes, please provide the following information to the extent reasonably available:

Please identify the Purdue brand name opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.

☒ Butrans®

☐ DHC Plus®

☒ Dilaudid®

☐ Hysingla ER®

☒ MS Contin®

☐ MSIR®

☒ OxyContin®

☐ OxyFast®

☒ OxyIR®

☐ Palladone®

☐ Ryzolt

FIRST MEDICINE GIVEN

14. Were You ever prescribed or administered any opioid (other than a Purdue brand name opioid) by a healthcare professional?

☐ Unknown (select if You were prescribed a prescription opioid but do not know the specific medication).

☐ No.

☒ Yes. If yes, please provide the following information to the extent reasonably available:

Non-Purdue Brand Name Opioid, if known: _____

Please identify the generic opioid(s) that You were prescribed or administered by a healthcare professional. Check as many medications as applicable.

☐ Buprenorphine transdermal system

☒ Hydrocodone and acetaminophen tablets (generic to Vicodin® or Norco®)

☐ Hydromorphone immediate-release tablets ?

☒ Hydromorphone oral solution

☒ Morphine extended-release tablets

☐ Other Generic: _____

☒ Oxycodone extended-release tablets

☒ Oxycodone immediate-release tablets

☒ Oxycodone and acetaminophen tablets (generic to Percocet®)

☐ Tramadol extended-release tablets ?

Part 5: Other (Non-Personal Injury) Opioid-Related Claims

15. Do You believe You have any other claims against the Debtors based on or involving the Debtors' production, marketing and sale of Purdue Opioids that are not based on a personal injury?

☐ No.

☒ Yes. If yes, please describe the nature of the claim(s) (Attach additional sheets if necessary).

PURDUE COULD HAVE DONE A BETTER
JOB OF WARNING ME HOW SICK I COULD
HAVE GOTTEN AND THERE IS SO LITTLE INFO
ON LONG TERM HARM OR BENEFIT.

16. How much is the claim?

\$

or

☒

Unknown.

Part 6: Supporting Documentation

17. Please provide the following supporting documentation if You would like (but You are not required) to supplement this proof of claim.

- Provide any documents supporting Your claim, including but not limited to: any complaint that You have filed against the Debtor(s), prescriptions, pharmacy records or statements showing prescriptions, or any records supporting Your claims of damages.

Part 7: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒

I am the creditor.

☐

I am the creditor's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized agent.

☐

Other (describe):

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/8/2021 (mm/dd/yyyy)

Marcia W Helms

Signature

Print the name of the person who is completing and signing this claim:

Name MARCIA WILHIDE HELMS
First name Middle name Last name

Title

Company

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

159 SOUTH DOWN ROAD
EDGEWATER MD 21037
443 603 5168
marcia lee 1968 a
gmail.com

Instructions for Personal Injury Claimant Proof of Claim Form

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157 and 3571.

How to fill out this form

- Fill in all of the information about the claim as of the date the bankruptcy case was filed, September 15, 2019. You may also fill in information regarding any claims you believe you may have after September 15, 2019 on this form.
- If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- Attach any available supporting documents to this form. Attach copies of any documents that show that the debt exists, a lien secures the debt, or both.

Also attach copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy Rule") 3001(c) and (d).

- Do not attach original documents because they will not be returned and may be destroyed after scanning.
- A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.
- A parent, foster parent, or guardian may complete this form on behalf of a minor child if there is reason to believe that the birth mother may have taken opioid products.
- For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.
- Each question in this proof of claim form should be construed independently, unless otherwise noted. No question should be construed by reference to any other question if the result is a limitation of the scope of the answer to such question.

- The questions herein do not seek the discovery of information protected by the attorney-client privilege.
- The words "and" and "or" should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed to be outside its scope.
- After reviewing this form and any supporting documentation submitted with this form, additional information and documentation may be requested.
- Purdue Pharma (Canada) is not a debtor in this case. If your claim is against only Purdue Pharma (Canada), you do not have a claim in this case and should not file and submit this form.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may also call Prime Clerk at (844) 217-0912, send an inquiry to purduepharmainfo@primeclerk.com, or submit an inquiry or live chat with Prime Clerk through the case website at PurduePharmaClaims.com.

Understand the terms used in this form

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth.

QUESTION #10 CONTINUED-PAGE 1

10. OPIODS MADE MY BRAIN THINK EVERYTHING WOULD BE OK. MY MOM WOULD NOT PASS FROM CANCER. MY BUSINESS COULD RUN ITSELF. I BEGAN TO LOSE INTEREST IN HOBBIES, FAMILY AND JUST THOUGHT I COULD FIX ANYTHING. LIKE ROSE COLORED GLASSES.

THE OPIODS MADE ME SEDENTARY. I JUST WANTED TO SIT AND WATCH TV.

SHORTLY BEFORE TOO LONG MY HUSBAND AND I WERE DIVORCING. HE TOOK TOTAL ADVANTAGE AND SO DID HIS ATTORNEYS.

IM HAVING A HARD TIME ARTICULATING THIS BUT FOR ALMOST 15 YEARS I HAVE PHYSICALLY AND MENTALLY DECLINED. THE 85 POUNDS IVE PUT ON AND THE SITTING HAS CAUSED SO MUCH PAIN THAT I DO NOT DO ANYTHING REALLY.

I AM A SELF STARTER, WAS A SINGLE MOM AT AGE 18. I STARTED AT A PRINTING CO. AT \$5/HOUR IN 1986. I LEFT THERE TO START MY OWN PRINT CO/AD AGENCY EVEN

THOUGH I WAS MAKING MORE THAN \$198,000
A YEAR AS THE SALES MANAGER. IN
1999 I BUILT MY COMPANY FROM MY
LIVING ROOM AND A FEW CREDIT CARDS.
I HAD 20 FT/PT EMPLOYEES AND WAS
MAKING \$204,000 WITH BENEFITS. MY
DEBT WAS LOW AND THE COMPANY
WAS #2 IN FASTEST GROWING WOMAN/
OWNED BUSINESSES IN BALTIMORE. I WAS
ABOUT 35.

NOW I AM 53 AND DESPITE GAINING
SOCIAL SECURITY DISABILITY TO JUST GET
BY, I HAVE A 14 YEAR OLD SON WHO
NEEDS A HEALTHY MOM.

EXCESSIVE OPIOIDS GIVEN BY DOCTORS
ARE KILLING ME. I NEED A FACILITY
AND DOCTORS TO FIX THIS. MY SKIN
BURNS LIKE FIRE IF I DONT TAKE THIS
STUFF.

MY EXPERIENCES ARE LONG & I HAVE

THOUSANDS OF PAGES OF MEDICAL RECORDS
AND RX RECORDS. SHOULD I SEND
THEM? MAY I HAVE MORE TIME TO GET
COPIES, GOING BACK ALL 15 YEARS?
BECAUSE I AM SO LATE IN FINDING
OUT ABOUT THIS SETTLEMENT I FEEL
LIKE IT DESERVES A BINDER WHERE
I SHARE ALL THE HORRORS THIS
MEDICINE HAS CAUSED LIKE TRYING
TO KEEP MY TERMINAL MOTHER
COMFORTED WHEN SHE SAW ME GO
THROUGH WITHDRAWAL.

YOU SEE I WASNT ABLE TO GET MY
RX FILLED BECAUSE OF A MISTAKE
MADE BY A PHARMACIST. THEY HAD
WRITTEN ON IT AND NO ONE WOULD FILL
IT UNTIL A NEW RX WAS WRITTEN AND
WE WERE IN ANOTHER STATE WHERE MOM LIVED.

NO PERSON SHOULD ^{PHYSICALLY} NEED A MEDICATION
SO BADLY THAT IF NOT HAD THEY CAN
DIE. I ALSO HAD MY SON ALMOST DIE AS
HE WAS BORN 3 MONTHS PREMATURE AT
2 LBS 8 OZ. THEY KEPT ME IN THE HOSPITAL

QUESTION 11 PAGE 11

ON BED REST.

I'M INCLUDING THE ER REPORT
WITH THE DILLAUDID #20 COUNT ZMG
FROM 7/23/07, I'M ALSO INCLUDING
AS MANY RECEIPTS AS I CAN
FIND FROM 2008-2020 AND A
CURRENT REPORT WHICH ONLY
GOES BACK 1 YEAR.

PHARMACIES DO NOT KEEP
RECORDS FOR LONG PERIODS DUE
TO NEGLIGENCE CASES.

I ALSO AM INCLUDING
(SEE PAGE 5)

MY SOCIAL SECURITY STATEMENT DATED TO 2006
SHOWING EARNINGS FROM W2'S ONLY.

DO YOU NEED TAX RETURNS?

I BROKE DOWN MY FINANCIAL LOSSES
BUT DO YOU NEED APPRAISALS?

AS FOR THE SUFFERING HOW DO I
CALCULATE THE LOSS OF
HEALTH?

BANKRUPTCY?

FORECLOSURES 1 HOME AT A TIME?

PAIN?

TIME?

A TRIAL OF USING METHADONE?
WHAT DOCUMENTS ARE NEEDED TO
PROVE ALL OF THIS BECAUSE
GOING THROUGH RECORDS, BOXES, MY
MEMORY AND RELIVING ALL OF
THIS IS SO HARD.

October 31, 2021

Dear Clerk of the Court:

May I ask you to docket my Motion request along with attachemnts to this Chapter 11 Case #19-23649 (RDD) jointly administered, so that it may be considered? If it is possible, would you mail a certified timed stamp copy to me? I've included a postage paid envelope for your conveyence.

Thank you,
Marcia Helms

159 Southdown Road
Edgewater, Maryland 21037

United States Bankruptcy Court
Southern District of New York
Honorable Judge Robert D. Drain

In re
Purdue Pharma L.P. -et al.,
and 23 affiliated Debtors

Chapter 11
Case No. 19-23649 (RDD)
(Jointly Administered)

Motion for Tolling of Filing Deadline

Comes now Marcia Helms "Movant" respectfully requests the court, the attorneys for the debtors and the Debtors-Sackler family to toll the filing deadline of July 30, 2020 5:00 p.m. of the above action and accept the filing of the enclosed "Personal Injury Claimant Proof of Claim Form".

I am a 53 year old disabled female and struggle physically and cognitively. During the Covid19 pandemic I was scared for our lives and Maryland was on lock down. Our home was hit by a tornado on September 4, 2020 which caused \$30,000 of damage and was featured on the national news. So I hadn't heard about a lawsuit to benefit victims. About 6 weeks ago I heard that one of the opioid makers had filed for bankruptcy and I decided to search for information. It was then I learned Purdue Pharma was the maker of the opioids and that the bankruptcy court was also where people who were harmed could make a claim.

I have read as much as I can from the Court's website, found the Claim Form and am asking if the court grants this Motion please answer my questions as to how much proof you need. For instance do you need every single penny the rx cost me from the first rx in 2007 until today? It must be near \$70,000 out of pocket for the medication alone for the portions not covered by insurance. Do you need tax returns to show loss wages? Do you need property appraisals to see the value of the real estate I lost, etc?. I am diligently working to gather information as all of it will be in my medical records. In the mean time I am including a lot of random receipts over the 15 year period including some copies of the prescription purchases and my losses that will prove what I am submitting on the claim form is accurate and that my loss and suffering as a result of prescribed opioid use is real. A single trip to the ER with a herniated disc at age 38 sent me down a road of "pain management" and "physical dependence on opioids" which has left me in a recliner essentially void of any past interests, hobbies, health or possessions.

I was a self-made millionaire and I am including my W2 earnings history from SSA up to 2007. I am a Mom of 2 ages 34 and 14 and a Grandmother of 2 with 1 just born. Every holiday especially Christmas I say to myself this is bad, I don't think I'll make it another year. But I do, and I want to. I need physical rehabilitation, counselling for the depression, surgery and possible solutions other than Methadone to turn this around now, like a long term facility. I don't want opioids, I don't want to feel the extreme physical pain of withdrawal that is worse than death. I want my life back, a way to earn money or to start a new venture so that I'll have a roof over my head and just maybe a quality of life for years to come. I didn't ask for this. I had no idea what these meds could do. No warning from the doctor or pharmacy or the leaflet that comes with the medicine.

I was a self-made millionaire and I am including my W2 earnings history from SSA up to 2007. I am a Mom of 2 boys, ages 34 and 14 and a Grandmother of 2 with 1 just born. Every holiday especially Christmas I say to myself this is bad, I don't think I'll make it another year. But I do, and I want to. I need physical rehabilitation, counselling for the grief and depression, surgery and pt and solutions other than Methadone to turn this around now, like a long term facility. I don't want opioids, I don't want to feel the extreme physical pain of withdrawal that is worse than death. I don't want to wake up at night on fire waiting for the appropriate time to take this medicine. I want my life back, a way to earn money or to start a new venture so that I'll have a roof over my head and just maybe a quality of life for years to come. I didn't ask for this. I had no idea what these meds could do. No warning from the doctor or pharmacy or the leaflet that comes with the medicine.

Enclosed is a photograph of my Rx bottles including a sampling of types of opioids I was prescribed and a sampling of as many rx receipts from my tax records 2013-2021. I found some from 2008-2012 but they are receipts that were misfiled. Once I locate my tax returns from 2007-2012 I expect to find the medical portion of my expenses. I have had many losses both financial which led to moving frequently, and natural disasters such that many files may have been destroyed. Again, Social Security has all of them but it takes time for them to help as they are not record keepers.

The amounts and types of medications that were prescribed to me are unfathomable. I didn't know that then. How did this happen? There is so much more to what happened over 15 years on these meds and you will be appalled when and if you need to know how I was treated or mistreated after the medication was found to be harming people.

I might have found out about this case or any relevant deadlines had there been a posting at the doctor's office or pharmacies. In fact, these are the very places where the opioids were authorized and distributed. I graciously thank the attorney's debtors, the debtors, the other victims and the court for taking the time and consideration to consider my request.

I declare under the penalty of perjury that my statements are true and correct.

Marcia Helms

Marcia Helms

Dated this day of 9 of November, 2021

Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1984	\$ 1,641	\$ 1,641
1985	4,876	4,876
1986	7,407	7,407
1987	13,807	13,807
1988	24,252	24,252
1989	32,444	32,444
1990	24,847	24,847
1991	31,118	31,118
1992	40,163	40,163
1993	54,213	54,213
1994	55,147	55,147
1995	61,200	90,676
1996	62,700	117,109
1997	65,400	173,168
1998	68,400	204,497
1999	72,600	116,361
2000	71,207	71,207
2001	80,400	101,698
2002	84,259	84,259
2003	87,000	120,543
2004	87,900	177,026
2005	90,000	165,926
2006	30,461	30,461
2007	Not yet recorded	

You and your family may be eligible for valuable benefits:

When you die, your family may be eligible to receive survivors benefits.

Social Security may help you if you become disabled—even at a young age.

A young person who has worked and paid Social Security taxes in as few as two years can be eligible for disability benefits.

Social Security credits you earn move with you from job to job throughout your career.

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:

You paid: \$71,156
 Your employers paid: \$72,370

Estimated taxes paid for Medicare:

You paid: \$25,252
 Your employers paid: \$25,252

Note: You currently pay 6.2 percent of your salary, up to \$102,000, in Social Security taxes and 1.45 percent in Medicare taxes on your entire salary. Your employer also pays 6.2 percent in Social Security taxes and 1.45 percent in Medicare taxes for you. If you are self-employed, you pay the combined employee and employer amount of 12.4 percent in Social Security taxes and 2.9 percent in Medicare taxes on your net earnings.

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

Review this chart carefully using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from **last year** may not be shown on your *Statement*. It could be that we still

were processing last year's earnings reports when your *Statement* was prepared. Your complete earnings for last year will be shown on next year's *Statement*. **Note:** If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

There's a limit on the amount of earnings on which you pay Social Security taxes each year. The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the maximum earnings amount began rising in 1991. Since 1994, **all** of your earnings are taxed for Medicare.)

Call us right away at 1-800-772-1213 (7 a.m.–7 p.m. your local time) if any earnings for years **before last year** are shown incorrectly. Please have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of page 4.)

ANNE ARUNDEL MEDICAL CENTER
DEPARTMENT OF RADIOLOGICAL SCIENCES
ANNAPOLIS, MD 21401
443-481-4901

Donald M. Klein P.A.
Doctors Emergency Service PA
2001 Medical Parkway
Annapolis, MD 21401

Patient: ADAMS, MARCIA
Exam Date: 03/23/2007
Requesting: Klein, Donald M., P.A.
Attending: Kent, Michael, A., M.D.

DOB: 04/29/1968 Age: 38
Med Rec #: 888574346
Account: 40325474
Location: ER

REASON FOR EXAM? BACK PAIN

RE: 002413045 CT/CT L-SPINE W/O CONT 72131

CT LUMBAR SPINE, MARCH 23, 2007

The study was done with the helical sections followed by reformatted sagittal image. At the L4-5 level, there is a prominent central disk herniation present. There are degenerative facet and sacroiliac (SI) joint changes also present, however.

IMPRESSION: Acute symptomatology apparently related to an L4 central disk herniation.

Thank you for referring your patient to our center.

** REPORT SIGNATURE ON FILE 03/25/2007 **

Reported By: VERNON R. CROFT, M.D.

Signed By: CROFT, VERNON R



F
888-57-4346

C

38



40325474



ER

Notice
Additional information for this account may be stored
Electronically. (eg. Lab, Xray, Nursing, Transcription)

Registration Type REG ER		FC SP	Patient Account # 40325474		Medical Record # 888-57-4346
Emergency Service					
Triage Date/Time 03/23/07 1102		Registration Date/Time 03/23/07 / 1125		Brought By SELF	Emergency Service Physician Kent, Michael A., M.D.
Reason for Visit SEVERE LOWER BACK PAIN (APPENDIX)					
Inpatient and Outpatient Services					
Date Admit		Time Admit	Hosp. Service ER	Room/Bed /	Discharge Date
Admitting Diagnosis 1 SEVERE LOWER BACK PAIN (APPENDIX)			Attending Physician		
Admitting Diagnosis 2			Primary Care Physician		
Previous Visit / Type			Other Physician		
Patients Advance Directive NONE				Brochure Given or Sent 03/23/07	Need Assistance w/Development of AD NO
P A T I E N T	ADAMS, MARCIA		Phone (H): 410-956-6818		Marital: X
	3164 ROLLING RD		Phone (W):		Religion: NON
	EDGEWATER, MD 21037		Race: C		DOB: 04/29/68
	ANNE ARUNDEL CO		Sex: F		Age: 38
					SSN: 219-72-1014
G U A R A N T O R	ADAMS, MARCIA		SELF EMPLOYED		
	3164 ROLLING RD		Phone: 410-956-6818		
	EDGEWATER MD 21037		SSN: 219-72-1014		
			Rel: SELF		
I N S U R A N C E 1	SELF PAY		I N S U R A N C E 2		
	Policy #		Policy #		
	Group # X		Group #		
	Authorization #		Authorization #		
	Phone #		Phone #		
Subscriber Name: ADAMS, MARCIA		Subscriber Name:			
Relation to Patient: SELF		Relation to Patient:			
Emergency Contact					
Name HELMS, FREDERICK		Address 3164 ROLLING RD EDGEWATER, MD 21037		Relation to Patient FRIEND	Phone (H) 410-956-6818 Phone (W)





Emergency Department Physician Record

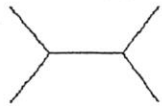
F 38 03/23/07
888-57-4346
40325474
ER

PATIENT ID LABEL

MDM: DDx:

Labs: CBC: ☐ WNL \bar{x}

Chem 7: ☐ WNL \bar{x}



B S L M

Ca

LFTs: ☐ WNL \bar{x} AST ALT ALP Tbili Pro Alb

Amylase Lipase CPK MB Trop

ICON ☒ Quant HCG PT INR PTT

Urine tox: BNP D-dimer

Serum tox: ☐ WNL \bar{x} ACET ETOH ASA

ABG (O₂): pH pCO₂ pO₂ HCO₃ BE O₂%

UA: ☐ WNL \bar{x} pH Pro Gl Ket BR Bld Nit

Leuk Uro SG RBC WBC Sq Bact

Other:

Treatments / Fluids / Meds:

Dilaudid 1mg IM
Phenargan 6.25mg IM
Valium 10mg IV
Dilaudid 1mg IM
Phenargan 6.25mg IM

EKG: Old EKG: Monitor rhythm:

Rad: CXR: ☐ Films reviewed by myself

CT: ☐ Compared to old studies

Other: CT L spine: L4 Disc

Procedure: Anesthesia: ☐ None ☐ Procedural sedation

MD/NP/PA: Central line terminates in the

Consent: ☐ Verbal ☐ Written ☐ Unable ☐ Sterile prep Post-procedure Dx:

Findings: ☐ None EBL: ☐ None Note:

Complications: ☐ None

ED Course/Consults/Re-evaluations: ☐ Old Records/PCI reviewed:

Time:

Diagnoses:

1. Back Pain

2. Humeral L4-5

Disposition: ☒ Home ☐ Consult ☐ Admit ☐ Expired

Left AMA LWCT Transfer to

Condition: Good Fair ☒ Stable ☐ Guarded ☐ Critical

Critical Care Time: mins excluding procedures

Consultant:

Time Consultant Called:

ED Sign-out: Time:

D/C Instructions:

Rx: Dilaudid 2mg (#20) - Valium 5mg (#20)

Medrol dose pack

RTER:

F/U MD: Dr. Thamm/ Lee next wk

Work/School Note:

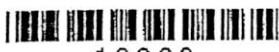
Attending/Supervising Physician

Michael Kent, M.D.

Supervised NP/PA

Don Klein, PA

Scribe



13262



Anne Arundel Medical Center
Annapolis, MD 21401

F 38
888-57-4346 03/23/07
40325474
ER

Emergency Department
Physician Record

PATIENT ID LABEL

Date: 3/13/07 Time: 1210 Hist. Sources: ☒ Patient ☐ Family ☐ EMS ☐ Records ☐ PMD: ☒ Triage note reviewed
CC: Back Pain
HPI: 38 yo ♀ 2 pain (R lower back since yesterday
pain into R hip/thigh no bowel/bladder changes

CC PE: (location, quality, severity, duration, timing, context, modifier, assoc sx)

ROS: ☐ Limited/Unable to obtain due to: ☐ Family knowledge ☐ Acuity ☐ AMS ☐ Age ☐ Other:
☐ Constitutional: Fever, Chills, Wt loss, Wt gain, Diaphoresis, Fatigue, Anorexia
☐ Eyes: Visual change, Discharge, Photophobia, Pain
☐ ENT: Ear pain, Hearing change, HOH, Congestion, S/T, Rhinorrhea, Epistaxis, Dental/jaw/facial pain
☐ CV: CP, Angina, Discomfort, Palpitations, Edema
☐ Resp: SOB, Cough, Wheezing, Sputum, Hemoptysis, DOE
☒ GI: Abd pain, N/V, Diarrhea, Constipation, Incontinence, Melena, Hematochezia, Hematemesis
☒ GU/GYN: Frequency, Urgency, Dysuria, Hematuria, Incontinence, UO nl, D/C, Bleeding, LMP 3/1/07, G P
☒ Musc/Skel: Myalgia, Arthralgia, Deformity, Back pain, Neck pain
☒ Skin: Rash, Hives, Lesions, Laceration, Abrasion, Contusion, Erythema
☐ Neuro: Dizziness, SZ, H/A, LOC, AMS, Speech problem, Weakness/Numbness L R Face UE LE
☐ Psych: Depression, Anxiety, Insomnia, Hallucinations, Suicidal ideation, Threat to Others, Substance abuse
☐ Hem/Lymph: Bleeding, Anemia, Clotting problems, Anticoagulation, Bruising, Lymph nodes
☐ Endocrine: Polyuria, Polydipsia, Thyroid problems, Hypoglycemia, Hyperglycemia
☐ Imm: Childhood UTD, Pneumonia, Influenza, Tetanus

PMH: Rheumatoid arthritis

Meds: ☒

Social HX: Tobacco ☐ ETOH ☐ Drugs ☐ Other: ☐

Family HX: ☐

Allergies: None

PE: WI 92kg T 98.6 P 72 R 18 BP 126 / 73 O₂ Sat 99 on RA

☒ General: WDMN, NAD, Obese, Cachectic, C-collar/Backboard
☐ Eyes: Lids/Conj nl, PERRL, EOMI, Fundus nl, Vision 20/ ☐ L, 20/ ☐ R
☐ ENT/Head: NC/AT, MMM, OP Clear, TMs nl, HOH, Nose nl, Lips/teeth/gums nl
☐ Neck: Supple, FROM, Symmetric, Masses, Thyroid nl, JVD, C-spine nl
☐ Resp: Effort nl, CTA, Equal, Rales, Wheezes, Rhonchi
☐ CV: RRR, M/R/G, Pulses: ☐ Fem, ☐ Radial, ☐ Pedal, C/C/E
☐ Abd: Soft, ND, NT, NABS, Guarding/Rebound, HSM, Masses, Hernia, Rectal nl, Heme +/-
☒ Musc/Skel: FROM, T/L-spine nl, Deformity, Swelling (pain) Lumbosacra P S/LR
☐ GU: Female: Ext gen nl, D/C, Adnexa nl, CMT, Lesions; Male: Penis/Testes nl; CVAT
☒ Neuro: CN 2-12 intact, DTRs ☒ hype, Babinski ☒ EL ☒ CR, Gait nl, GCS ☐ 5, Sensation nl, Motor ☒ 5
☒ Skin: Warm/dry, Rash, Lesions, Erythema, Induration, Laceration
☐ Lymph: Axilla nl, Cervical nl, Inguinal nl
☒ Psych: A&O x3, Age appropriate, Euthymic, Good judgment

Attending/Supervising Physician

Michael Kent, M.D.

Supervised NP/PA

Don Klein, PA

(*Circle - Present; Slash - Not present)



13262

RUN DATE: 05/26/09

AAHS NPR LABORATORY

PAGE 1

RUN TIME: 1043

Summary Discharge Report

RUN USER: RS.AO

PCI User: RS.AO Lab Database: LAB.AAG

LOCATION

PATIENT: ADAMS, MARCIA	ACCT #: 40325474	LOC: ER	U #: 888574346
REG DR: Kent, Michael A., M.D.	AGE/SX: 38/F	ROOM:	REG: 03/23/07
	STATUS: DEP ER	BED:	DIS:

Test	Day	Date	Time	Result	Reference	Units
=> HCG-URINE	1	MAR 23	1410	NEGATIVE	(NEGATIVE)	

Patient: ADAMS, MARCIA

Age/Sex: 38/F

Acct#40325474

Unit#888574346

Physical Medicine and Pain Management Associates, P.C.
William Tham, M.D., Susan Zimmerman, M.D., Thomas Lee, M.D., Mauricio Acebey, M.D.
James DiCanio, P.A.-C., Sophia Leonard-Burns, P.A.-C., Karen Scott, P.A.-C.
2002 Medical Parkway, #430, Annapolis, MD 21401 (410) 266-2700
331 Oak Manor Drive, #102, Glen Burnie, MD 21061 (410) 761-0030

MARCIA ADAMS, #111381
March 28, 2007

Ms. Adams was seen today for a consultation at the request of Dr. Donald Kline. She is a 38-year-old female with a chief complaint of lower back pain, more so on the right than left. She has had a long history of back pain but it has never been very severe. She has always been able to work through it and has not required any specific treatments, medications or diagnostic testing. About one week ago, without any obvious reason, she developed very severe lower back pain radiating down the right hip, hamstring and into the knee. She does not recall any specific injuries that resulted in the onset of this pain.

DIAGNOSTIC/TREATMENT HISTORY: She went to the emergency room and was given a Medrol DosePak, Valium and hydrocodone. A CT scan of the lumbar spine revealed an L4-5 predominant central disc herniation. It does seem to lateralize slightly to the right side.

The patient's pain right now is 7 to 9 out of 10. It is a burning, stabbing, throbbing sensation. Sitting definitely makes her worse. Lying down flat helps. There is no weakness, however, there is some numbness radiating toward the knee.

The patient's review of system is notable for severe nighttime pain and difficulty walking. Her family history, past medical and surgical history, list of her present medications and medication to allergies as well as her social history are documented in the patient's medical file available in my office.

PHYSICAL EXAMINATION: This is a pleasant, well developed, well nourished female. She stands at 5-foot, 8-inch and weighs 205 pounds. The patient has a fair amount of pain just moving about, going from sitting to standing. There is palpable tenderness noted over the right buttock region. Bending is very limited. Strength appears to be intact. Straight leg raise caused right leg pain in a supine position. Right knee reflexes were decreased compared to the left. Bilateral ankle reflexes are decreased. The most intense area on palpation is the right buttock region.

ASSESSMENT: This patient's CAT scan shows a central L4-5 herniation. She has a clinical presentation consistent with a right L5 radiculopathy.

PLAN: The patient was placed on Dilaudid, Valium and a Medrol DosePak. I am going to start her on a prednisone taper for 18 days. She did show some improvement, apparently, on the Medrol DosePak. The next step is to have her come back to see us in about two weeks, and we will set her up for an epidural cortisone injection. We discussed surgical options, however, we will cross that bridge only if needed.

William Tham, M.D.

WT/ky

DICTATED BUT NOT READ UNLESS SIGNED

Name: Marian Adams Chart# 111381 Date of Visit 3/28/07

William Tham, M.D., Susan Zimmerman, M.D., Thomas Lee, M.D., Mauricio Acebey, M.D.,
James V. DiCanio, P.A.-C, Sophia Leonard-Burns, P.A.-C, Karen J. Scott, P.A.-C

2002 Medical Parkway, Suite 430, Annapolis, MD 21401 (410) 266-2700
331 Oak Manor Drive, Suite 102, Glen Burnie, MD 21061 (410) 761-0030

Who referred you? Ton Klein AA Hospital Family Doctor N/A

Where is your pain? lower back - more on right side than left Age 38

When did your problem start? 2 years & progressed
Is this from a car accident? ☐ yes ☒ no If yes, give date of accident ___/___/___
Is this a work injury? ☐ yes ☒ no If yes, give date of accident ___/___/___

How bad is your pain right now? No pain 0—2—3—4—5—6—7—8—9—10 severe pain
How about when it flares up? No pain 0—2—3—4—5—6—7—8—9—10 severe pain

How often do you get flare ups? just started last Thursday
could not walk

How would you describe your pain?

☒ Burning
☒ Stabbing
☒ Throbbing

☐ Aching
☐ Pins & Needles
☐ Cramping

☒ Constant
☐ Intermittent
☐ Other _____

What makes it worse?

☒ Sitting
☐ Standing
☐ Walking
☐ Climbing

☐ Bending
☐ Lifting- _____ lbs
☐ Push/pulling
☐ Laying down

☐ Coughing and Sneezing
☐ Driving
☐ Squatting
☐ Other _____

What makes it better?

laying down flat

Do you have any weakness? ☐ yes ☒ no where?
numbness? ☒ yes ☐ no where?

hip down towards right knee

Please fill out other side

Physician initials/date _____

Leave this box blank

CC low back pain

HPI - ongoing problem for several years. It wasn't until last week that she ended up in the ER with severe LBP radiating down to the right thigh and into the @ knee. Doesn't recall any specific injury that resulted in the onset.

What kinds of doctors have you seen for this problem?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Family Doctor |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Pain management |

- ☐ Psychiatry
☒ NONE
☐ _____

What treatments have you had?

Metoprolol, Valium & Hydro prescriptions given at hospital emergency room

What diagnostic testing have you had?

When was it done?

- | | |
|--------------------------------------|-------|
| <input type="checkbox"/> Discogram | _____ |
| <input type="checkbox"/> EMG | _____ |
| <input type="checkbox"/> Blood Tests | _____ |
| <input type="checkbox"/> X-rays | _____ |
| <input type="checkbox"/> Other: | _____ |

- | |
|---|
| <input type="checkbox"/> MRI |
| <input checked="" type="checkbox"/> CT Scan |
| <input type="checkbox"/> Myelogram |
| <input type="checkbox"/> Bone Scan |

When was it done?

3/23/07

Leave Blank (test results)

☒ **PROGRESS NOTE** ☐ **H&P**

William Tham, M.D., Susan Zimmerman, M.D., Thomas Lee, M.D., Mauricio Acebey, M.D.
James V. DiCanio, PA-C, Sophia Leonard-Burns, PA-C, Karen J. Scott, PA-C
Physical Medicine & Pain Management Associates, P.C.
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331 Oak Manor Drive, Suite 102, Glen Burnie, MD 21061 (410) 761-0030

Dictated yes ☒ no

CC- _____

Name: Marcia Adams Chart# 111381 Date: 4/12/07

How bad is your pain? No pain 0—1—2—3—4—5—6—7—8—9—10 severe pain

Are you any better compared to when you started treatment?

☒ yes ☐ no ☐ unchanged

Where is your pain?

lower back, more towards right

Have you had any of the following symptoms since your last visit?

- ☐ Fevers, chills, sweats
- ☒ Severe night time pain
- ☐ Weight loss
- ☐ Chest pain
- ☐ Shortness of breath

- ☐ Headaches
- ☐ Dizziness
- ☐ Rashes
- ☒ Difficulty walking
- ☐ Drowsiness

☐ no ☒ yes

- ☒ Nausea, vomiting, diarrhea
- ☐ Abdominal pain
- ☐ Coughing up blood
- ☐ Swelling

MORPHINE ??

Since your last visit, has there been any change in your-

Medical History?

☐ yes ☒ no

Surgical History?

☐ yes ☒ no

Clinical notes:

Do not write in this box

S/P Prednisone taper = @ relief
most comfortable position is seated & leaning forward
Numbness in @ thigh
Upsure of benefits of MS cortin
Pericort @ relief @

The patient was seen for 25 minutes with more than 50% of the time spent counseling him regarding his/her medical condition as noted in the above clinical notes. risks, benefits, alternatives, anatomy, prognosis

Test results: D

Meds:

MS cortin 5mg tid
Pericort 7.5/32.5mg tid

Co-existing risk factors/allergies

MCA

Mentally Competent? ☒ yes ☐ no (explain) _____

Psychosocial limitaitons ☐ yes (explain) _____

☒ no

Motor Abilities ☒ Independent ☐ Other (explain) _____

Caregiver needed? ☐ yes (explain) _____

☒ no

Musculoskeletal Exam:

BP: _____ HR: _____ WT: _____ HT: _____

Inspection:

- ☐ Gait is normal
- ☐ There is no abnormal posturing of the head, neck or lower back
- ☐ Normal stance with no kyphosis or scoliosis. Normal lumbar and cervical lordosis.
- ☐ Leg lengths are equal on gross exam.
- ☐ Station is normal without shoulder/ pelvic obliquity.

Palpation:

- ☐ No palpable trigger points or of muscle tenderness in the lumbar paraspinals, gluteals, hips, SI jt
- ☐ No palpable tenderness/trigger pts. Cervical, thoracic, shoulder muscles

Range of Motion:

- ☐ Normal ROM of the cervical spine
- ☐ Normal ROM of the lumbar spine
- ☐ Normal ROM of the hips, knees, and ankles
- ☐ Normal ROM of the shoulder, elbow, and wrist

Motor Exam:

- ☐ Normal tone in all four extremities, no clonus
- ☐ strength 5/5 in the upper limb
- ☐ strength 5/5 in the lower limb

Sensory Exam:

- ☐ Normal touch, pinprick sensation upper/lower ext.
- ☐ Normal SLR.
- ☐ Normal spurling's
- ☐ 2+ symmetrical reflexes in the upper/lower limbs

Cardio-pulmonary Exam:

- ☐ lungs
- ☐ heart

Findings

MC

Assessment:

1. L4-5 HNP (R)
2. _____
3. _____
4. _____
5. _____

Plan:

1. Consent L4-5 @ ILES
2. PT @ FF
3. d/c MS Contin trial of Annexa

PT leaves for vacation TUES 4/17 X 2 wks.

Prescriptions:

Pericort 7.5/325 #90 tid Fri 4/16 or later

Annexa 600 #30 qid (PT will Rx this Rx s/p return of MSO4 (MS Contin))

Therapies:

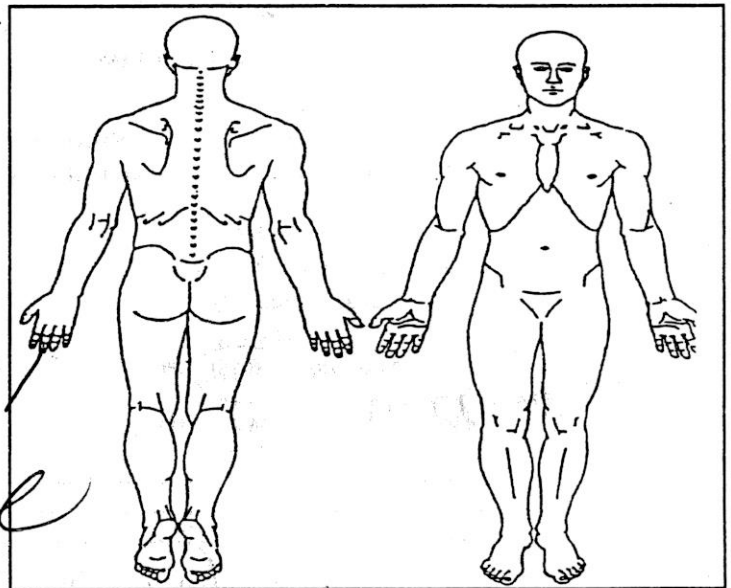
Follow up visit:

Signed

[Signature]

Treatment note:

needles in _____ needles out _____



Take with your doctor if this medicine stops working well. DO NOT
CHANGE YOUR DOSE OR SUDDENLY STOP taking this medicine
without first checking with your doctor. Exceeding the recommended
dose may be habit-forming. BEFORE YOU HAVE ANY MEDICAL OR
DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the
doctor or dentist that you are using this medicine. AVOID ALCOHOL
while you are using this medicine. This medicine will add to the
effects of alcohol and other depressants (such as sleep aids,
tranquilizers, and certain antihistamines). Ask your pharmacist if
you have questions about which medicines are depressants. This
medicine may cause drowsiness or dizziness. DO NOT DRIVE,
OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE
DANGEROUS until you know how you react to this medicine. Using
this medicine, alone, with other medicines, or with alcohol may lessen

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 957918

MARCIA HELMS

1775 Inlet Drive, North Fort Myers, FL 33903
(305)872-4266

RX # 2203109-03831

DATE: 08/01/11

OXYCODONE 30MG IMM REL TABLETS

QTY: 180 NO REFILLS

New NDC: 00228-2879-11

Retail Price: \$221.99 Your Insurance Saved You: \$87.61

\$ 134.38

DR K. GALANG
MFG: ACTAVIS
JLU/JLU/JLU/

PLAN: UNARX
GROUP# UNA4205
CLAIM REF# 00009869470501

Walgreens

13501 N CLEVELAND NORTH FORT MYERS, FL 33903
PH: (239)997-4332

Customer
Receipt

MARCIA HELMS

1775 Inlet Drive, North Fort Myers, FL 33903
(305)872-4266

RX # 2203109-03831

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MFG: ACTAVIS
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PLAN: UNARX
GROUP# UNA4205
CLAIM REF# 00009869470501

Walgreens

13501 N CLEVELAND NORTH FORT MYERS, FL 33903
PH: (239)997-4332

Duplicate
Receipt

Pharmacy use only

WAITING

MON 5:17PM

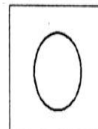
New

OXYCODONE 30MG IMM REL TABLETS

00228-2879-11

SAFE

QTY 180



BLUE
FRONT: A 215

JLU/JLU/JLU/

Your Walgreens Pharmacy Location

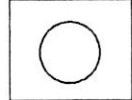
13501 N Cleveland
North Fort Myers, FL 33903
(239)997-4332

PATIENT MARCIA HELMS
BIRTH DATE 04/29/68
MEDICATION OXYCODONE 30MG IMM REL TABLETS
QUANTITY 120
DIRECTIONS TAKE 1 TABLET BY MOUTH FOUR
TIMES A DAY AS NEEDED FOR BREAKTHROUGH PAIN

DOCTOR DR K. GALANG

DRUG DESCRIPTION

**PATIENT
ALLERGIES**



BLUE
FRONT: A 215

INGREDIENT NAME: OXYCODONE (ox-i-KOE-done)

COMMON USES: This medicine is a narcotic analgesic used to treat or prevent moderate to severe pain. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking sodium oxybate or if you have taken a monoamine oxidase inhibitor (MAOI) (such as phenelzine) within the past 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you take barbiturates (such as phenobarbital), cimetidine, mixed agonist/antagonist pain medicines (such as pentazocine), naltrexone, phenothiazines (such as chlorpromazine), or rifampin. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including liver or kidney problems; gallbladder, pancreas, stomach or bowel problems (such as inflammation); recent surgery; allergies; pregnancy; or breast-feeding. **TELL YOUR DOCTOR IF YOU HAVE** a history of lung or breathing problems (such as asthma, emphysema, bronchitis), adrenal gland problems (such as Addison disease), heart problems, low blood pressure, dehydration, low blood volume, certain blood problems (such as porphyria), prostate problems, bladder blockage, underactive thyroid, or seizures. Inform your doctor if you have a history of curvature of the spine, severe drowsiness, head injury, growths in the brain, or increased pressure in the brain. **INFORM YOUR DOCTOR** if you have a personal or family history of mental or mood problems, regular alcohol use, alcohol or other substance abuse, or suicidal thoughts or actions. Tell your doctor if you have symptoms of alcohol withdrawal, are in poor health, or will be having surgery. **DO NOT TAKE THIS MEDICINE** if you are having an asthma attack. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have severe asthma, severe lung or breathing problems (such as slow or difficult breathing, or chronic obstructive pulmonary disease), certain heart problems (such as cor pulmonale), alcohol intoxication, delirium caused by alcohol withdrawal, severe drowsiness, current brain injury, growths in the brain, increased pressure in the brain, or severe diarrhea or other bowel problems caused by antibiotic use or food poisoning. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. **STORE THIS MEDICINE** at room temperature, at 77 degrees F (25 degrees C), away from heat and light. Brief storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. **IF YOU ARE TAKING THIS MEDICINE FOR PERSISTENT PAIN**, take it on a regular schedule to help control the pain more effectively. **IF YOU MISS A DOSE OF THIS MEDICINE** and you are using it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once. If you miss more than 2 doses in a row, contact your doctor before taking this medicine again.

CAUTIONS: **DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION** to oxycodone, or to any codeine or morphine related medicine (such as hydrocodone, hydromorphone) without first talking with your doctor. A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain product contains any morphine or codeine related medicine, contact your doctor or pharmacist. **IF YOU EXPERIENCE** difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. When used for an extended period of time, this medicine may not work as well and may require different dosing. Talk with your doctor if this medicine stops working well. **DO NOT CHANGE YOUR DOSE OR SUDDENLY STOP** taking this medicine without first checking with your doctor. Exceeding the recommended dose may be habit-forming. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY**, tell the doctor or dentist that you are using this medicine. **AVOID ALCOHOL** while you are using this medicine. This medicine will add to the effects of alcohol and other depressants (such as sleep aids, tranquilizers, and certain antihistamines). Ask your pharmacist if you have questions about which medicines are depressants. This medicine may cause drowsiness or dizziness. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen

your ability to drive or to perform other potentially dangerous tasks. **THIS MEDICINE MAY CAUSE DIZZINESS**, lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. Constipation is a common side effect of this medicine. **TALK WITH YOUR DOCTOR ABOUT USING LAXATIVES** or stool softeners while you take this medicine. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY** because they may be more sensitive to the effects of the medicine especially drowsiness and breathing problems. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy. **THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: **SIDE EFFECTS** that may occur while using this medicine include drowsiness, dizziness, flushing, lightheadedness, sweating, weakness, dry mouth, nausea, or constipation. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience blurred vision or other visual disturbances, difficulty urinating, or mental or mood changes. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience confusion; hallucinations; fainting; fast, slow, or irregular heartbeat; seizures; severe or persistent dizziness or drowsiness; severe or persistent headache or vomiting; or shallow, slowed, or difficult breathing. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include cold and clammy skin; coma; slow, shallow, or difficult breathing; severe dizziness, drowsiness, or lightheadedness; muscle weakness; pinpoint pupils; and slow heartbeat.

ADDITIONAL INFORMATION: **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

Can your doctor tell if medical advice about side effects? You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957918

WAITING

MON 3:55PM

\$115.34

MARCIA HELMS

1775 Inlet Drive

North Fort Myers, FL 33903

(305)872-4266

• Your Insurance Saved You: \$32.65

05/09/11

New

**When you're
sick, antibiotics
aren't always the
answer.**

To avoid antibiotic-resistant infections
and adverse drug events, avoid seeking
an antibiotic prescription for colds, coughs
and sniffles.

- Taking antibiotics when they are not needed
causes some bacteria to become resistant
to the antibiotic.
- Resistant bacteria are stronger and make
future bacterial illnesses harder to treat.

To learn more, talk with your
Walgreens pharmacist today.



**Personal
Prescription
Information**

**LOOK INSIDE FOR IMPORTANT INFORMATION
ABOUT YOUR MEDICATION.**

Take advantage of these convenient services:

- **ExpressPay**
Save time by keeping your credit card info on file
so you can just pick up your prescription and go!
- **Touch Tone Refills**
Save time by using our automated system for a refill.
Just dial the number on your prescription label.

Walgreens
The Pharmacy America Trusts • Since 1901™

Visit us online at Walgreens.com

Thank you for choosing Walgreens!

Your personal prescription benefits statement

Marcia W. Helms
 page 3 of 8

SECTION 2: Your prescriptions during the past month

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurate because of the amount of the adjustment.

THIS IS NOT A BILL. Keep this notice for your records.

Chart 1 - Your prescriptions for covered Part D drugs (for July 2013)

Chart 1 shows your prescriptions for covered Part D drugs for the past month. **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is mistake, see Section 5 (page 5) for more details.

Drug name	Prescription cost with plan	You paid	Amount Paid by Secondary Coverage/ Other Sources	Humana Paid
Jul 3, 2013, Walgreens #9490 Claim number: 335848352281 GABAPENTIN 300 MG CAPSULE 8 day supply Drug Category: Non-Preferred Generic	\$9.45	\$9.45	\$0.00	\$0.00
Jul 19, 2013, Med Park Pharmacy Claim number: 136004467011 OXYCODONE HCL 15 MG TABLET 30 day supply Drug Category: Preferred Brand	\$20.27	\$5.07	\$0.00	\$15.20
Jul 20, 2013, Walgreens #9490 Claim number: 136015752911 ALPRAZOLAM 1 MG TABLET 30 day supply Drug Category: Non-Preferred Generic	\$7.15	\$7.15	\$0.00	\$0.00
Jul 27, 2013, CVS Pharmacy Claim number: 136085577531 HYDROCHLOROTHIAZIDE 25 MG TAB 30 day supply Drug Category: Preferred Generic	\$6.50	\$6.50	\$0.00	\$0.00
Total for the month of July 2013	\$43.37	\$28.17	\$0.00	\$15.20
Total for 2013	\$2,908.96	\$1,286.70	\$0.00	\$1,622.26

Your personal prescription benefits statement

Marcia W. Helms
 page 3 of 8

SECTION 2: Your prescriptions during the past month

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in the "prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurate because of the amount of the adjustment.

THIS IS NOT A BILL. Keep this notice for your records.

Chart 1 - Your prescriptions for covered Part D drugs (for December 2013)

Chart 1 shows your prescriptions for covered Part D drugs for the past month. **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is mistake, see Section 5 (page 5) for more details.

Drug name	Prescription cost with plan	You paid	Amount Paid by Secondary Coverage/ Other Sources	Humana Paid
Dec 2, 2013, Med Park Pharmacy Claim number: 337368504361 ABAPENTIN 600 MG TABLET 30 day supply Drug Category: Non-Preferred Generic	\$34.13	\$26.96	\$0.00	\$7.17
Dec 13, 2013, Med Park Pharmacy Claim number: 137473349871 LPRAZOLAM 1 MG TABLET 30 day supply Drug Category: Non-Preferred Generic	\$5.00	\$3.95	\$0.00	\$1.05
Dec 16, 2013, Neighborcare Southgate Claim number: 337507098751 XYCODONE HCL 15 MG TABLET 30 day supply Drug Category: Preferred Brand	\$32.85	\$25.95	\$0.00	\$6.90
Total for the month of December 2013	\$71.98	\$56.86	\$0.00	\$15.12
Total for 2013	\$3,464.12	\$1,651.60	\$113.47	\$1,812.52

Your personal prescription benefits statement

2

Section 2:
 Your prescriptions during the past month

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurate because of the amount of the adjustment. **THIS IS NOT A BILL. Keep this notice for your records.**

Chart 1 - Your prescriptions for covered Part D drugs for February 2015

Chart 1 shows your prescriptions for covered Part D drugs for the past month. Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is mistake, see Section 5 (page 6), it tells you what to do.

Drug Name	Prescription cost with plan	Amount You paid	Amount Paid by Secondary Coverage/ Other Sources	Amount Humana Paid
Feb 11, 2015 Rite Aid Pharmacy 04248 Claim number# 154420553171				
OXYCODONE HCL 15 MG TABLET				
13 day supply	\$22.16	\$19.50	\$0.00	\$2.66
Drug Category: Preferred Brand drugs				
Feb 11, 2015 Rite Aid Pharmacy 04248 Claim number# 154425493701				
Opana ER 20 mg tablet, crush r				
26 day supply	\$413.80	\$39.00	\$0.00	\$374.80
Drug Category: Preferred Brand drugs				
Feb 13, 2015 Rite Aid Pharmacy 04248 Claim number# 154443210051				
CLONAZEPAM 0.5 MG TABLET				
30 day supply	\$6.50	\$6.50	\$0.00	\$0.00
Drug Category: Preferred Brand drugs				
Feb 13, 2015 Rite Aid Pharmacy 04248 Claim number# 154444861811				
AMITRIPTYLINE HCL 25 MG TAB				
30 day supply	\$7.40	\$7.00	\$0.00	\$0.40
Drug Category: Non-Preferred Generic drugs				

Section 2 Prescription claims continued on next page ➔

Your personal prescription benefits statement

Drug Name	Prescription cost with plan	Amount You paid	Amount Paid by Secondary Coverage/ Other Sources	Amount Humana Paid
Feb 13, 2015 Rite Aid Pharmacy 04248 Claim number# 154448159541				
ENTERALINE HCL 100 MG TABLET				
30 day supply	\$6.50	\$6.50	\$0.00	\$0.00
Drug Category: Non-Preferred Generic drugs				
Feb 19, 2015 Rite Aid Pharmacy 03000 Claim number# 354504149341				
pana ER 40 mg tablet, crush r				
30 day supply	\$895.72	\$45.00	\$0.00	\$850.72
Drug Category: Preferred Brand drugs				
Feb 21, 2015 Rite Aid Pharmacy 03000 Claim number# 154523882611				
XYCODONE HCL 15 MG TABLET				
30 day supply	\$49.70	\$45.00	\$0.00	\$4.70
Drug Category: Preferred Brand drugs				
TOTALS for the month of February 2015:	\$1,401.78	\$168.50	\$0.00	\$1,233.28
Total for 2015:	\$2,436.66	\$265.00	\$0.00	\$2,171.66

our monthly totals for February 1 to February 28, 2015

total drug costs

this is the total for the month of all payments made for your drugs by the plan \$1,233.28 and you \$168.50.

out-of-Pocket Costs

this is the amount you paid this month. \$168.50

our year-to-date totals for January 1, 2015 to February 28, 2015

our year-to-date amount for "out-of-pocket costs" is \$265.00. Your year-to-date amount for total drug costs" is \$2,436.66. For more about "out-of-pocket cost" and "total drug costs," see section 3 (page 5).

 Just for you! Personalized plan and health information

Has your phone number changed? To make sure Humana is able to contact you about valuable plan information, it's important to let us know if you have changed your phone number, even if it's just a temporary change. Please call the Customer Service number on the back of your Humana member identification card with any changes to your contact information.



Your personal prescription benefits statement

2

Section 2:
 Your prescriptions during the past month

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurate cause of the amount of the adjustment. **THIS IS NOT A BILL. Keep this notice for your records.**

Part 1 - Your prescriptions for covered Part D drugs for January 2015

Part 1 shows your prescriptions for covered Part D drugs for the past month. Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is mistake, see Section 5 (page 6), which tells you what to do.

Drug Name	Prescription cost with plan	Amount You paid	Amount Paid by Secondary Coverage/ Other Sources	Amount Humana Paid
January 12, 2015 Rite Aid Pharmacy 04248 Claim number# 354122531381				
Humana ER 20 mg tablet, crush r				
1 day supply	\$953.48	\$45.00	\$0.00	\$908.48
Drug Category: Preferred Brand drugs				
January 12, 2015 Rite Aid Pharmacy 04248 Claim number# 354129126301				
HYCODONE HCL 15 MG TABLET				
1 day supply	\$74.90	\$45.00	\$0.00	\$29.90
Drug Category: Preferred Brand drugs				
January 29, 2015 CVS Pharmacy Claim number# 354295974711				
TRITALINE HCL 50 MG TABLET				
1 day supply	\$6.50	\$6.50	\$0.00	\$0.00
Drug Category:				
TOTALS for the month of January 2015:	\$1,034.88	\$96.50	\$0.00	\$938.38
Total for 2015:	\$1,034.88	\$96.50	\$0.00	\$938.38

Your personal prescription benefits statement

2 Section 2: Your prescriptions during the past month

Humana negotiates a reduced price with the pharmacy for its members, which is reflected in "Prescription cost with plan" column. The prescription cost can vary by pharmacy, location, quantity, strength and dosage of the medication. Adjusted claims may not be reflected in the table below; or if displayed, the amount paid may not be accurate cause of the amount of the adjustment. **THIS IS NOT A BILL. Keep this notice for your records.**

Part 1 - Your prescriptions for covered Part D drugs for July 2016

Part 1 shows your prescriptions for covered Part D drugs for the past month. Please look over this information about your prescriptions to be sure it is correct. If you have any questions or think there is a mistake, see Section 5 (page 7), which tells you what to do.

Drug Name	Prescription cost with plan	Amount You paid	Amount Paid by Secondary Coverage/ Other Sources	Amount Humana Paid
Jul 1, 2016 Rite Aid Pharmacy 04248 Claim number# 365838459281				
XYCODONE HCL 15 MG TABLET				
3 day supply	\$22.97	\$20.28	\$0.00	\$2.69
Drug Category: Preferred Brand drugs				
Jul 12, 2016 Rite Aid Pharmacy 04248 Claim number# 365944070321				
XYCODONE HCL 15 MG TABLET				
5 day supply	\$27.83	\$24.96	\$0.00	\$2.87
Drug Category: Preferred Brand drugs				
Jul 12, 2016 Rite Aid Pharmacy 04248 Claim number# 365949203001				
ERTRALINE HCL 100 MG TABLET				
3 day supply	\$10.10	\$10.10	\$0.00	\$0.00
Drug Category: Preferred Generic drugs				
Jul 26, 2016 Rite Aid Pharmacy 04248 Claim number# 366080893471				
Humana ER 40 mg tablet, crush resistant, extended release				
30 day supply	\$949.39	\$47.00	\$0.00	\$902.39
Drug Category: Preferred Brand drugs				

Section 2 Prescription claims continued on next page ➔



Your personal prescription benefits statement

Drug Name	Prescription cost with plan	Amount You paid	Amount Paid by Secondary Coverage/ Other Sources	Amount Humana Paid
Jul 27, 2016 Rite Aid Pharmacy 04248 Claim number# 166091421951				
XYCODONE HCL 10 MG TABLET				
30 day supply	\$23.90	\$23.90	\$0.00	\$0.00
Drug Category: Preferred Brand drugs				
TOTALS for the month of July 2016:	\$1,034.19	\$126.24	\$0.00	\$907.95
Total for 2016:	\$2,408.59	\$784.14	\$0.00	\$1,624.45

Your monthly totals for July 1 to July 31, 2016

Total drug costs

This is the total for the month of all payments made for your drugs by the plan \$907.95 and you \$126.24.

Out-of-Pocket Costs

This is the amount you paid this month \$126.24.

Your year-to-date totals for January 1, 2016 to July 31, 2016

Your year-to-date amount for "out-of-pocket costs" is \$784.14. Your year-to-date amount for total drug costs" is \$2,408.59. For more about "out-of-pocket cost" and "total drug costs," see section 3 (page 6).

Just for you! Personalized plan and health information

- ▶ Before a doctor appointment, there are some things you can do to be prepared.
 - Make sure that your doctor is still in the Humana network
 - Confirm your day and time of appointment
 - Write down any questions you have about your health, drugs, or fitness routine
 - Take your most current SmartSummary with you so that the doctor is aware of your overall health and drugs you have taken.
- ▶ You are receiving this personalized SmartSummary because you had prescription claim(s) last month. Your personalized SmartSummary provides you with health and budgeting information to help you plan for future healthcare decisions.
- ▶ Protect your eyes with sunglasses that shield your eyes from the sun's harmful ultraviolet (UV) rays. UV rays can injure the skin on your eyelids. They also could cause certain kinds of cataracts to develop. Choose sunglasses that block 99-100% of UVB and UVA rays to help keep your eyes healthy.

RECEIPT

DATE 10-12-10 No. 31565328

FROM Marcia Helms \$ 125.00

One Hundred Twenty Five and 00/100 DOLLARS

PHYSICAL MEDICINE & PAIN MGMT ASSOC.

☐ FOR RENT
☐ FOR

ACCT. ☐ PAID ☒ DUE

☐ CASH
☐ MONEY ORDER
☐ CHECK
☐ CREDIT CARD

FROM _____ TO _____

BY JD

1152

MedPark Pharmacy
2002 Medical Parkway
Suite 170
Annapolis, MD 21401
410.573.66

Description	Qty	Total
(F) RX: 4000204862	1	528.44

(F) = ELIGIBLE FLEXIBLE SPENDING ACCOUNT ITEM (FSA)

Discounts 0.00
SubTotal 528.44
Tax 0.00
Total 528.44
FSA Amount 528.44
CASH 600.00

Change Due \$71.56
Items 1

Receipt # 53799
Register #
Date/Time: 10/12/2010 3:07:16PM

P H A R M A C Y

NCPDP# 1087584

Phone # (239) 997-0008

Feeling well. Living better.®

P H A R M A C Y

NCPDP# 1087584

Phone# (239) 997-0008

Feeling well. Living better.®

HELMS, MARCIA L

1775 INLET DRIVE N FT MYERS, FL 33903
(443) 949-6970 DOB: 04/29/1968

Rx 2014293

New

AMOUNT DUE: \$115.34

Filled 03/10/11

OXYCODONE 30MG TAB

NDC: 52152-0215-02 Mfg ACTAVIS TOTOWA

Qty 120.00 Days 30

Dispensed By: GB

No Refills Left

KENNETH GALANG

Your Safety Check

Your plan has saved you 33.61

Your Allergies

NDC# 52152-0215-02

Side 1 - A 215

Side 2 -

Form: Tablet

Shape: round

Color: blue

NO KNOWN ALLERGIES

HELMS, MARCIA L

1775 INLET DRIVE N FT MYERS, FL 33903
(443) 949-6970 DOB: 04/29/1968

Rx 2014293

New

AMOUNT DUE: \$115.34

Filled 03/10/11

OXYCODONE 30MG TAB

NDC: 52152-0215-02 Mfg ACTAVIS TOTOWA

Qty 120.00 Days 30

Dispensed By: GB

No Refills Left

KENNETH GALANG

Your Medication

Your plan has saved you 33.61

PRESCRIPTION FACTS FOR: HELMS, MARCIA L

Rx# 2014293

FILLED ON: 03/10/11

DRUG NAME: OXYCODONE 30MG TAB ACTAVIS TOTOWA

GENERIC NAME: OXYCODONE HCL 30 mg ACTAVIS TOTOWA

USES: This medication is used to help relieve moderate to severe pain. Oxycodone belongs to a class of drugs known as narcotic (opiate) analgesics. It works in the brain to change how your body feels and responds to pain.

PRECAUTIONS: Before taking oxycodone, tell your doctor or pharmacist if you are allergic to it; or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before using this medication, tell your doctor or pharmacist your medical history, especially of: brain disorders (such as head injury, tumor, seizures), breathing problems (such as asthma, sleep apnea, chronic obstructive pulmonary disease-COPD), kidney disease, liver disease, mental/mood disorders (such as confusion, depression), personal or family history of regular use/abuse of drugs/alcohol, stomach/intestinal problems (such as blockage, constipation, diarrhea due to infection, paralytic ileus), difficulty urinating (such as due to enlarged prostate). This drug may make you dizzy or drowsy. Do not drive, use machinery, or do any activity that requires alertness until you are sure you can perform such activities safely. Avoid alcoholic beverages. Before having surgery, tell your doctor or dentist about all the products you use (including prescription drugs, nonprescription drugs, and herbal products). Liquid products may contain sugar, aspartame, and/or alcohol. Caution is advised if you have diabetes, alcohol dependence, liver disease, phenylketonuria (PKU), or any other condition that requires you to limit/avoid these substances in your diet. Ask your doctor or pharmacist about using this product safely. Older adults may be more sensitive to the effects of this drug, especially dizziness, drowsiness, or urinary problems. During pregnancy, this medication should be used only when clearly needed. Using it for long periods or in high doses near the expected delivery date is not recommended because of the potential for harm to the unborn baby. Discuss the risks and benefits with your doctor. Babies born to mothers who have used this medication for an extended time may have withdrawal symptoms such as irritability, abnormal/persistent crying, vomiting, or diarrhea. If you notice any of these symptoms in your newborn, tell the doctor promptly. This drug passes into breast milk and may rarely have undesirable effects on a nursing infant. Tell the doctor immediately if your baby develops unusual sleepiness, difficulty feeding, or trouble breathing. Consult your doctor before breast-feeding.

HOW TO USE: Take this medication by mouth as directed by your doctor. You may take this drug with or without food. If you have nausea, it may help to take this drug with food. Ask your doctor or pharmacist about other ways to decrease nausea (such as lying down for 1 to 2 hours with as little head movement as possible). If you are using the liquid form of this medication, carefully measure the dose using a special measuring device/spoon. Do not use a household spoon because you may not get the correct dose. Ask your doctor or pharmacist if you are not sure how to check or measure the dose. The dosage is based on your medical condition and response to treatment. Do not increase your dose, take the medication more frequently, or take it for a longer time than prescribed. Properly stop the medication when so directed. Pain medications work best if they are used when the first signs of pain occur. If you wait until the pain has worsened, the medication may not work as well. If you have ongoing pain (such as due to cancer), your doctor may direct you to also take long-acting narcotic medications. In that case, this medication might be used for sudden (breakthrough) pain only as needed. Other non-narcotic pain relievers (such as acetaminophen, ibuprofen) may also be prescribed with this medication. Ask your doctor or pharmacist if you have any questions about using oxycodone safely with other drugs. This medication may cause withdrawal reactions, especially if it has been used regularly for a long time or in high doses. In such cases, withdrawal symptoms (such as restlessness, watering eyes, runny nose, nausea, sweating, muscle aches) may occur if you suddenly stop using this medication. To prevent withdrawal reactions, your doctor may reduce your dose gradually. Ask your doctor or pharmacist for more details, and report any withdrawal reactions immediately. When this medication is used for a long time, it may not work as well. Talk with your doctor if this medication stops working well. Along with its benefits, this medication may rarely cause abnormal drug-seeking behavior (addiction). This risk may be increased if you have abused alcohol or drugs in the past. Take this medication exactly as prescribed to lessen the risk of addiction. Tell your doctor if your pain persists or worsens.

OVERDOSE: If overdose is suspected, contact a poison control center or emergency room immediately. US residents can call the US National Poison Hotline at 1-800-222-1222. Canada residents can call a provincial poison control center. Symptoms of overdose may include: slow breathing, slow heartbeat, loss of consciousness.

SIDE EFFECTS: Nausea, vomiting, constipation, lightheadedness, dizziness, or drowsiness may occur. Some of these side effects may decrease after you have been using this medication for a while. If any of these effects persist or worsen, tell your doctor or pharmacist promptly. To prevent constipation, eat a diet adequate in fiber, drink plenty of water, and exercise. Ask your pharmacist for help in selecting a laxative (such as a stimulant type with stool softener). To reduce the risk of dizziness and lightheadedness, get up slowly when rising from a sitting or lying position. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people

HE WAITING

08/10/2010

PROMISED: 07:45p

08-10-2010

Scripts: 01

CVS/pharmacy #2033 Ph: 410.798-8715

CUSTOMER RECEIPT

3025 SOLOMONS ISLAND RD.
EDGEWATER, MD
21037



27 0328822 000 000 00 0005060

HELMS, MARCIA

29662 W CAHILL CT, BIG PINE KEY, FL 33043

Ph: 305.872-4266

DOB: 04-29-72

Date: 08/10/2010 DAW: 0

Rx: N 0328822 00

METHADONE HCL 10 MG TABLET

ROXANE LABS

TAKE 3 TABLETS EVERY 8 HOURS AS NEEDED FOR SEVERE PAIN

NDC:00054-4571-25 Days Supply: 40 Refills: 0 Qty:360 EA

Prscr: MAJOR, PATRICIA T

PAY: \$50.60

TP: 2619

AUTH#: 102226653313069999

GR: RXMONFL

ADVANCE PCS BIN#004336

Caps: Y

001489

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Don't Wait, Order a Day Ahead

RX # 1509521-02777

DATE: 09/02/10

FENTANYL 50MCG/HR PATCH

QTY: 10 NO REFILLS

New NDC: 00591-3212-72

Retail Price: \$253.99 Your Insurance Saved You: \$77.08

\$ 176.91

DR P. MAJOR
MFG: WATSON
CML/LMF/STK/CJB

PLAN: APM
GROUP# RXMONFL
CLAIM REF# 102456698293090999

Walgreens

2805 N ROOSEVELT BLVD KEY WEST, FL 33040
PH: (305)292-9833

Duplicate
Receipt

QTY 10

CML/LMF/STK/CJB

Med Guide

CVS/pharmacy #2033 Ph: 410.798-8715
3025 SOLOMONS ISLAND RD.
EDGEWATER, MD
21037

HELMS, MARCIA
1775 INLET DRIVE, NORTH FORT MYERS, FL 33903
Ph: 443.949-6970 DOB: 04-29
FENTANYL 50 MCG/HR PATCH
MYLAN
APPLY 1 PATCH TO THE SKIN EVERY 72 HOURS

Date: 07/07/2012 DAW: 0
Rx: N 0469253 00
INS: \$97.45
PAY: \$1.10
Caps: Y

NDC: 00378-9122-98 Days Supply: 30 Refills: 0 Qty: 10 EA
Prschr: DAVID ABEL
TP: 22825 GR: P5407
AUTH#: A8125895793351 PDP BN015581 PN03200000

CVS/pharmacy #2033 Ph: 410.798-8715
WWW.CVS.COM

HELMS, MARCIA
1775 INLET DRIVE
NORTH FORT MYERS, FL 33903
Ph: 443.949-6970
Prschr: DAVID ABEL
Refills: 0
07/07/2012

FENTANYL 50 MCG/HR PATCH
MYLAN
APPLY 1 PATCH TO THE SKIN EVERY 72 HOURS

PATIENT PRESCRIPTION INFORMATION
IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICATION,
PLEASE CONTACT YOUR PHARMACIST:
Thien Ha, RPh.

WARNING:
Fentanyl has a high risk for abuse and severe, possibly fatal, breathing problems. Do not use transdermal patches unless you have been regularly taking moderate to large amounts of narcotic pain medication. Otherwise, it may cause overdose (even death). The risk for harm is higher if you use the wrong dose/strength, or if you use it along with other drugs that might also affect breathing. Get medical help right away if you notice unusual slow/shallow breathing. Do not use this medication to relieve mild or short-term pain (such as due to headache/migraine, dental/medical procedures, or surgeries that do not require you to stay in a hospital). This medication is not for occasional ("as needed") use. Since they are not used the same way, different forms of fentanyl (including lozenges, buccal tablets, patches) do not have the same effects at equal strengths and should not be substituted for each other. Tell your doctor or pharmacist of all medications that you use, especially of drugs that can affect how fentanyl works (see also Drug Interactions section). Do not start, stop, or change the dosage of any medicines you are using without your doctor's approval. Carefully follow the manufacturer's instructions for using fentanyl transdermal patches. The patches are for use on the skin only. Raising your skin/body temperature, using cut or damaged fentanyl patches, or using the patch improperly (such as by chewing it) may cause fatal overdose. Avoid increasing your skin temperature at/after the application site by using products such as heating pads, electric blankets, hot tubs, heat lamps, or tanning lamps. Avoid taking hot baths and sunbathing. However, you may bathe, shower, or swim while wearing the patch as long as you avoid hot water. Keep this medicine in a safe place to prevent theft, misuse, or abuse. This medication is not recommended for use in children younger than 2 years. Some manufacturers recommend that this product should not be used in children younger than 18 years. If a child accidentally swallows this drug, get medical help right away.

USES:
Fentanyl is a CLEAR, RECTANGULAR-shaped PATCH imprinted with FENTANYL 50 MCG/HR on the front.

002375

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the medical clinic in CVS/pharmacy

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risks that could be caused by this
s, precautions and risks of the
or use as an educational aid.

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location

13501 N Cleveland
North Fort Myers, FL 33903
(239)997-4332

PATIENT	MARCIA HELMS	DOCTOR	DR K. GALANG	DRUG DESCRIPTION
BIRTH DATE	04/29/68			
MEDICATION	FENTANYL 75MCG/HR PATCH			
QUANTITY	15	PATIENT ALLERGIES		
DIRECTIONS	UNWRAP AND APPLY 1 PATCH TO SKIN EVERY 48 HOURS AS DIRECTED			

INGREDIENT NAME: FENTANYL (FEN-ta-nil)

COMMON USES: This medicine is a narcotic analgesic used to treat persistent moderate to severe chronic pain that requires around the clock administration and can not be relieved by non-steroidal analgesics (such as ibuprofen or naproxen), narcotic combinations analgesics (such as oxycodone or propoxyphene) or immediate-release opioids (such as morphine sulfate immediate release).

BEFORE USING THIS MEDICINE: WARNING: This medicine should be used only for long-term or chronic pain requiring continuous, around-the-clock narcotic pain relief that is not helped by other less powerful pain medicines or less frequent dosing. DO NOT USE THIS MEDICINE if you have not already been taking other prescription narcotic pain medicines (such as morphine or codeine) on a regular schedule. DO NOT USE THIS MEDICINE for short-term pain, mild pain, pain occurring after surgery, or pain that does not require medicine on a regular schedule. Because serious, sometimes life-threatening, breathing problems can occur (especially in patients who have not been given narcotic medicines previously), seek immediate medical attention in the unlikely event that very slow, shallow, breathing occurs. WHEN USED FOR LONG PERIODS OF TIME or at high doses, some people develop a need to continue taking this medicine. This is known as DEPENDENCE or "addiction". Do not use more of this medicine than prescribed by your doctor. DO NOT APPLY the patch to skin that is broken or damaged. Do not cut the patch. Using a cut or damaged patch may lead to a rapid release of medicine and serious, even fatal, side effects. Do not expose the patch to direct sources of heat, such as heating pads, electric blankets, heat lamps, saunas, hot tubs, or heated waterbeds. Avoid sunbathing, long hot baths, or other sources of heat to the body. Tell your doctor if you develop a fever. The heat may cause more medicine to be released into your skin and could cause serious, even fatal, side effects. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT USE THIS MEDICINE if you are also taking sodium oxybate, disulfiram, sibutramine, or monoamine oxidase inhibitors (such as furazolidone, linezolid, moclobemide, phenelzine, procarbazine, selegiline, isocarboxazid, or tranylcypromine) within the last 14 days. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amiodarone, amprenavir, aprepitant, certain calcium channel blockers (such as diltiazem or verapamil), certain cephalosporin antibiotics (such as cefamandole or cefotetan), cimetidine, HIV medicines (such as fosamprenavir, ritonavir, or nelfinavir), macrolide antibiotics (such as clarithromycin, erythromycin or troleanomycin), medicines to treat fungal infections (such as fluconazole, itraconazole, or ketoconazole), medicines to treat mental or mood problems (such as chlorpromazine, metronidazole, muscle relaxants (such as metaxalone), narcotic pain medicine (such as codeine), medicines for anxiety (such as midazolam or diazepam), medicines for sleep (such as zolpidem), naltrexone, or nefazodone. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions including a history of coma, increased pressure in the brain (such as from a brain tumor or head injury), breathing problems (such as asthma), stomach problems (such as inflammatory bowel disease), pancreas problems (such as pancreatitis), mood or mental problems (such as depression), addiction to alcohol or other substances, slow or irregular heartbeat, allergies, pregnancy, or breast-feeding. USE OF THIS MEDICINE IS NOT RECOMMENDED during an asthma attack or if you have a history of alcohol or substance abuse, severe stomach problems (such as paralytic ileus or pseudomembranous colitis), severe liver problems, severe kidney problems, or severe breathing problems (such as respiratory depression). Use of this medicine in children under age 2 is not recommended. Discuss with your doctor the risks and benefits of giving this medicine to your child. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. BEFORE USING THIS MEDICINE, clip (do not shave) any hair at the application site. Clean the area with clear water and allow the skin to dry completely. Do not use soaps, oils, lotions, alcohol, or any other liquid that could irritate or otherwise affect the skin. Do not apply the patch to skin that is broken or damaged. Do not use a patch if the package is not sealed. Do not cut or damage the patch in any way before applying the patch. Remove the patch from the package, and peel off the protective strip. Immediately apply the patch to the intact skin (areas that would be the best place for the patch would be the chest, back, upper arm or on the side of the stomach). Press firmly for 30 seconds to make sure the patch stays in place. Check to see that the edges of the patch are stuck to the skin. Wash your hands after applying the patch. IF THE PATCH DOES NOT STICK, you may tape only the edges with first aid tape or cover the patch with a special type of clear adhesive film dressing (such as Bioclusive or Tegaderm). Do not cover the patch with any other bandage or tape. Ask your doctor if you are unsure of what type of dressing you can use. DO NOT WEAR MORE THAN ONE PATCH AT A TIME, unless otherwise directed by your doctor. EACH PATCH MAY BE WORN for up to 72 hours. AFTER REMOVING THE PATCH, fold with sticky sides together. The patch should be properly disposed of immediately upon removal. Ask your doctor or pharmacist how to dispose of this medicine properly. APPLY A NEW PATCH TO A DIFFERENT SKIN AREA to avoid irritation. If the patch falls off before 72 hours has passed, apply a new patch to a different skin site. CHECK WITH YOUR DOCTOR BEFORE EATING GRAPEFRUIT OR DRINKING GRAPEFRUIT JUICE while taking this medicine. The risk of this medicine's side effects may be increased. STORE THIS MEDICINE at room temperature 77 degrees F (25 degrees C), away from heat and light. IF YOU FORGET TO CHANGE YOUR PATCH on the day it is due, change the patch as soon

your doctor's approval. When used for an extended period of time, this medicine may not work as well and may require different dosing. Some conditions may occur when the medicine is suddenly stopped. Your dose may need to be slowly lowered to avoid side effects. DO NOT EXCEED THE RECOMMENDED DOSE, change the patch more often than directed, or use this medicine for longer than prescribed. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. KEEP ALL DOCTOR appointments while you are using this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. SOME PATCHES MAY CAUSE burns if left on the skin during certain medical procedures (eg, magnetic resonance imaging [MRI]). You may need to remove your patch before you have such tests. AVOID ALCOHOL while you are using this medicine. This medicine will add to the effects of alcohol and other depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. If the patch comes off your skin and accidentally sticks to the skin of another person, remove the patch immediately from their skin, wash the exposed area of skin with water and call your doctor, emergency room, or local poison control center immediately. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN CHILDREN because they may be more sensitive to the effects of the medicine. CAUTION SHOULD BE USED IN THE ELDERLY, they may be more sensitive to the effects of this drug especially respiratory depression. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS FOUND IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

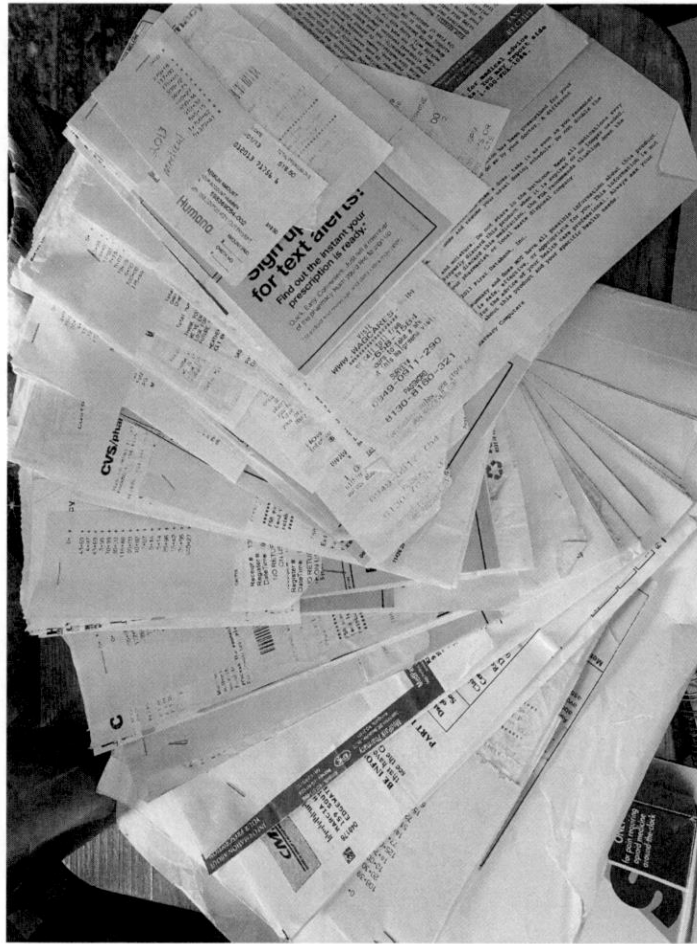
POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include drowsiness, stomach pain or discomfort, fatigue, nausea, vomiting, constipation, diarrhea, dry mouth, sweating, weakness or tiredness, headache, muscle ache, fever or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience loss of appetite, mental or mood changes, unusual muscle movements, loss of memory, difficulty breathing, vision problems, seizures, or difficulty urinating. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain coughing up blood, irregular heartbeat, fainting, unusual sensation felt through the body (such as burning, tingling, tickling or pricking), or high fever. Accidental overdose may occur in the presence of a high fever. AN ALLERGIC REACTION TO THIS MEDICINE is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, remove the patch. Contact your local poison control center or emergency room immediately. Symptoms of overdose may include slow, shallow breathing; drowsiness; deep sleep or loss of consciousness; cold, clammy skin; and slow heart rate.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. IF YOU WILL BE USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, be sure to obtain a new prescription before your supply runs out. PROPERLY DISPOSE OF ANY UNUSED PATCHES remaining from a prescription as soon as they are no longer needed. KEEP THIS MEDICINE out of the reach of children and pets.

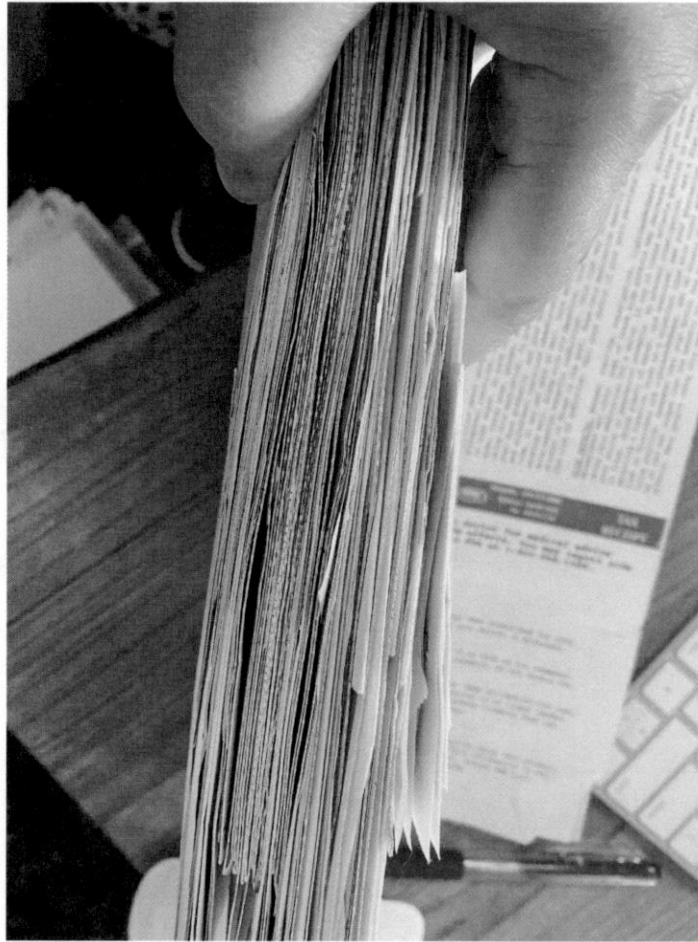
Can your doctor or medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.



2013 Prescriptions
totaling \$5,379.41 paid
out of pocket - there may be
more

There are so many receipts
& staples I am happy to
provide if you require proof
beyond my written statement.



20B Side view of perscriptions
with receipts about 2"
thick - I am happy to
provide copies if you
want them.

PATIENT PROFILE

HELMS, MARCIA
 159 SOUTHDOWN RD
 EDGEWATER, MD 21037
 Phone: (443) 603-5168
 SS#: --

GLOBAL HEALTH PHARMACY
 7500 MONTEPELIER RD STE 10
 LAUREL, MD 20723
 Phone: (240) 786-6045
 NCPDP: 2134687

8/1/2020 through 11/10/2021

RX#	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0150097	02	00	02/22/2021	A7214537721241	30	SERTRALINE 100MG TAB	68180-0353-02	SHKULLAKU, RITA	\$3.50	AEP	PTM
									Copay: \$3.50		
0151464	00	00	08/17/2020	A0206309209471	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0151465	00	00	08/17/2020	A9206309137271	90	OXYCODONE 15MG TAB	43386-0430-01	GAO, CATHY	\$15.89	AEP	PTM
									Copay: \$15.89		
0151704	00	00	09/14/2020	A8206584242761	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0151705	00	00	09/14/2020	A5206584312281	90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$19.70	AEP	PTM
									Copay: \$19.70		
0151949	00	00	10/07/2020	A3206814328371	90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$19.70	AEP	PTM
									Copay: \$19.70		
0151950	00	00	10/07/2020	A6206814340501	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0152206	00	00	11/04/2020	A6207097411471	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0152207	00	00	11/04/2020		90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$30.00		PTM
0152461	00	00	11/30/2020		90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$30.00		PTM
0152462	00	00	11/30/2020	A0207359780311	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0152703	00	00	12/28/2020	A5207636838471	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0152704	00	00	12/28/2020		90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$30.00		PTM
0152984	00	00	01/25/2021		90	OXYCODONE 15MG TAB	57664-0187-88	GAO, CATHY	\$30.00		PTM
0152985	00	00	01/25/2021	A9214258588391	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$95.12		
0153221	00	00	02/22/2021	A4414530218151	180	GABAPENTIN 400MG CAP LT#19123549	67877-0224-05	SHKULLAKU, RITA	\$10.63	AEP	PTM
									Copay: \$10.63		
0153222	00	01	02/22/2021		60	CLONAZEPAM 0.5MG TAB LOT#P2001238	16729-0136-16	SHKULLAKU, RITA	\$10.00		PTM
	01	01	05/17/2021		60	CLONAZEPAM 0.5MG TAB LOT#P2001238	16729-0136-16	SHKULLAKU, RITA	\$0.00		PTM
0153224	00	00	02/22/2021	A3414530586351	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$95.12		
0153225	00	00	02/22/2021		90	OXYCODONE 15MG TAB	57664-0187-88	GAO, CATHY	\$30.00		PTM

PATIENT PROFILE

HELMS, MARCIA
 159 SOUTHDOWN RD
 EDGEWATER, MD 21037
 Phone: (443) 603-5168
 SS#: --

GLOBAL HEALTH PHARMACY
 7500 MONTPELIER RD STE 10
 LAUREL, MD 20723
 Phone: (240) 786-6045
 NCPDP: 2134687

8/1/2020 through 11/10/2021

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0153481	00	00	03/22/2021		90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$30.00		PTM
0153482	00	00	03/22/2021	A3414810397221	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$95.12		
0600908	00	00	04/19/2021		90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$30.00		PTM
0600909	00	00	04/19/2021	A9215099171711	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$95.12		
0601193	00	00	05/17/2021	A6415370235811	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	SMM
									Copay: \$95.12		
0601194	00	00	05/17/2021		90	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$30.00		SMM
0601474	00	00	06/14/2021	A2215657454941	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	SMM
									Copay: \$47.00		
0601475	00	00	06/14/2021		60	OXYCODONE 15MG TAB	43386-0430-01	GAO, CATHY	\$18.12		SMM
0601692	00	00	07/06/2021	A4215876894241	9	DEXAMETHASON 6MG TAB	00054-4186-25	BEZAREDE, ABINET	\$12.54	AEP	SMM
									Copay: \$2.97		
0601807	00	03	07/15/2021	A5215969369161	270	GABAPENTIN TAB 600MG	67877-0428-05	SHKULLAKU, RITA	\$30.20	AEP	SMM
									Copay: \$30.00		
0601808	00	00	07/15/2021	A5215969421291	90	SERTRALINE 100MG TAB LT#SERSC20017A	65862-0013-05	SHKULLAKU, RITA	\$7.43	AEP	SMM
									Copay: \$7.43		
0601809	00	01	07/15/2021	A8215969669081	60	CLONAZEPAM 0.5MG TAB LOT#P2001238	16729-0136-16	SHKULLAKU, RITA	\$2.44	AEP	SMM
									Copay: \$2.44		
0601830	00	00	07/16/2021	A3415977474591	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	SMM
									Copay: \$47.00		
0601831	00	00	07/16/2021		60	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$18.12		SMM
0602179	00	00	08/12/2021	A1216244512381	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	PTM
									Copay: \$47.00		
0602180	00	00	08/12/2021		60	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$25.00		PTM
0602436	00	00	09/08/2021	A9216516352831	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	SMM
									Copay: \$47.00		
0602437	00	00	09/08/2021		60	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$25.00		SMM
0602797	00	00	10/11/2021	A1216848313631	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	SMM
									Copay: \$47.00		
0602798	00	00	10/11/2021		60	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$18.12		SMM

PATIENT PROFILE

HELMS, MARCIA
 159 SOUTHDOWN RD
 EDGEWATER, MD 21037
 Phone: (443) 603-5168
 SS#: --

GLOBAL HEALTH PHARMACY
 7500 MONTPELIER RD STE 10
 LAUREL, MD 20723
 Phone: (240) 786-6045
 NCPDP: 2134687

8/1/2020 through 11/10/2021

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0603214	00	00	11/10/2021	A9217148246581	90	MORPHINE SUL ER 60MG TAB	42858-0803-01	GAO, CATHY	\$95.12	AEP	SMM
									Copay: \$47.00		
0603215	00	00	11/10/2021		60	OXYCODONE 15MG TAB	42858-0003-01	GAO, CATHY	\$25.00		SMM

Prescriptions Agency: \$587.21	Copay: \$1531.22	Private Pay: \$379.36
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I have receipts for
prescriptions as well
for

2014

2015

2016

2017

2018

2019

2020

in my possession but
need time to make
copies.

For
2008, 2009, 2010, 2011, 2012
I have included random
examples but can get
additional proof with additional
time or from my medical
records or perhaps Humana.

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EP13F May 2020



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UNITED STATES POSTAL SERVICE®		Click-N-Snip®	
E	USPS.COM \$27.10 US POSTAGE Flat Rate Env	9470 1036 9930 0062 0977 53 0271 0000 0031 1232	
	11/11/2021 Mailed from 21037 062S00000000310		
	PRIORITY MAIL EXPRESS 2-DAY™		
MARCIA HELMS 159 SOUTHDOWN RD EDGEWATER MD 21037-1620		Scheduled Delivery Date: 11/13/21	
		0007	
WAIVER OF SIGNATURE		RECEIVED C010	
SCHEDULED DELIVERY 6:00 PM		NOV 15 2021	
SHIP TO: PRIME CLERK LLC PURDUE PHARMA CLAIMS PROCESSING CENTER 850 3RD AVE STE 412 BROOKLYN NY 11232-1523		PRIME CLERK	
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